

Application No. (if known): 09/646,194-Conf. #5757

Attorney Docket No.: 55051RCE4(71117)

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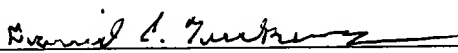
Appeal Brief Transmittal (2 pages)
Fee Transmittal (2 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Appeal Brief (65 pages) (Along with two additional copies)
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TRANSMITTAL OF APPEAL BRIEF			Docket No. 55051RCE4(71117)
In re Application of: Hisashi Saiga et al.			
Application No. 09/646,194-Conf. #5757	Filing Date September 14, 2000	Examiner BASOM, BLAINE T.	Group Art Unit 2173
Invention: DATA DISPLAYING DEVICE			
<p style="text-align: center;"><u>TO THE COMMISSIONER OF PATENTS:</u></p> <p>Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: <u>November 10, 2009</u> .</p> <p>The fee for filing this Appeal Brief is <u>\$ 540.00</u> .</p> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> A petition for extension of time is also enclosed.</p> <p>The fee for the extension of time is <u>\$ 130.00</u> .</p> <p><input type="checkbox"/> A check in the amount of _____ is enclosed.</p> <p><input checked="" type="checkbox"/> Charge the amount of the fee to Deposit Account No. <u>04-1105</u> .</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. <u>04-1105</u> .</p> <p>This sheet is submitted in duplicate.</p> <div style="display: flex; justify-content: space-between;"><div><u>David A. Tucker</u> David A. Tucker Attorney Reg. No. : 27,840 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508</div><div>Dated: <u>January 20, 2010</u></div></div>			



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 David A. Tucker Attorney Reg. No. : 27,840 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508		Dated: <u>January 20, 2010</u>	



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FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	09/646,194-Conf. #5757
		Filing Date	September 14, 2000
		First Named Inventor	Hisashi Saiga
		Examiner Name	BASOM, BLAINE T.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2173
TOTAL AMOUNT OF PAYMENT		(\$)	670.00
		Attorney Docket No.	55051RCE4(71117)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u>
Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - or HP = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - or HP = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						130.00	
1402 Filing a brief in support of an appeal						540.00	

SUBMITTED BY			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	January 20, 2010



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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 14, 2000
		First Named Inventor	Hisashi Saiga
TOTAL AMOUNT OF PAYMENT (\$ 670.00		Examiner Name	BASOM, BLAINE T.
		Art Unit	2173
		Attorney Docket No.	55051RCE4(71117)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	220	110
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP = _____ x _____ = _____						
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
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